Registrar.

If so, specify _.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

V. S. No. 1

RESERVED

ARGIN

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Example I	-	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		46.F	11000
County Prince	George	Registration Dis	t. No. 230
Village or City	(1)	No. death occurred in a horpital or institution, give its NAME in ds. How long In U.S. If of foreign birth?	St., Ward
2. FULL NAME EMM	a G. Beall	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usyal place of abode)	St., Ward. If nonresident give	city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	/5, 193 // (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Richard	E. Beall	22 I HEREBY CERTIFY.	That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	tel 7 - 1865	I last saw h a alive on lef 15	, 19 77 ; death Is seld
7. AGE Years Months	Oeys If LESS than 1 dey,hrs.	to heve occurred on the date steted above, et 1.0.6.	
72 8	8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes o were as follows:	f Importence
8. Frede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	01		
SAWYER, BOOKKEEPER, etc	Mone	Carcina He	>4
9. Industry or business in which work wes done, as SILK MILL.		P	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year).	11. Total time (years) spent in this occupation	5/acces	
12. BIRTHPLACE (city or town) (State or country)	m L	Other Contributory Causes of Importance:	
13. NAME John H	Gardiner		
13. NAME John M. 14. BIRTHPLACE (city or town)		Neme of operation	Date of
(State of country)	ma	What test confirmed diagnosis?	Was there an autopsyt. Le.
15. MAIDEN NAME Sarah	Jones	23. If death was due to external causes (VIOL ENCE) fiil in	also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date	
Re /	E Galla	Where dld Injury occur? (Specify city or tow Specify whether injury occurred in INDUSTRY, in HOME,	n, connty and State)
17. INFORMANT	o Selection	openi, michel mary occarred in Industry, in Home,	OF INTERPETOR I EAVE
18. BURIAL, CREMATION, OR REMOVAL Place Lausel 2M. C.	Dete Oct: 19/19.37	Manner of Injury	
19. UNOERTAKER J. Just	cho Jour	24. Wes disease or injury in any way intaled to occupation	
20 FILED OCT -17-, 19 37	hus Smith	(Signed) Address (Address)	Med M.D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	ii ii	Example II	
The principal cause of importance were as	of death and related causes s follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 3 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	,		
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	11063
1. PLACE OF DEATH		
county Trince Globas	1 Der Bagistration Did Rose 2	43
Village or City Glesson Dale Md	No. Muber culoseis) Sanator St., death occurred in a hospital or institution, give its NAME instead of street and i	Ward
	ds. How long In U.S. if of foreign birth?yrsme	
2. FULL NAME Mma Leny Drash	If U. S. Veteran, specify WAR	
(a) Residence: No. 431 (4 ST, M. W. Was	L.St., D.C. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 37
5a. If married, widowed, or divorcad HUSBANO of		(1adi)
(or) WIFE of not married	Sept 1937, to Ct 44	deceased from
6. DATE OF BIRTH (month, day, and year) lug - 19, 1936	I last saw h la aliva on OC 4 4 cm 19.37	; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at	
/ / 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were a follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPPER, etc.	1-1-1	aug
	V fllmonary Valurculoses	1937
9: Industry or business In which work was dona, es SILK MILL, SAW MILL, BANK, etc.	Jax advanced	-
9: Industry or business in which work was dona, es SIŁK MIŁL, SAW MIŁL, BANK, etc	Meningelis Terbergeren	Sopul
12. BIRTHPLACE (city or town) Pennsylvania	Other Contributory Canses of importance:	, ,
(State or country)	Mrs notretion.	9
# 13. NAME Narvey Crasheas		
13. NAME Narvey Nasneas 14. BIRTHPLACE (city or town) West Ya,	Hame of operation Date of Date of	
(State or country)	What test confirmed diagnosis? Physical Was there an	autopsy?//
15. MAIDEN NAME Derline loop	23. If death wes due to external causes (VIOL ENCE) fill in also the following	g:
15. MAIDEN NAME Bertha Roop 16. BIRTHPLACE (city or town) West: Va	Accident, suicida, or homicida? Oate of Injury	, 19
(State or country)	Whare did injury occur?(Specify city or town, county and Stat	te)
17. INFORMANT Mollus (Address) 43/6-STNW Wash Be	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL TRAIL, VQ	Manner of injury	
Place varpers of et a late (15, 193)	Neture of injury	
19. UNOERTAKER T. Saffele	24. Was disease or Injury In eny way ralated to occupation of dacaased?	Yo
20. FILEO. Old 5, 19 g 7 left Laurante Mit	(Signed) Daniel Key Immagne	M. O.
Registrar. If more blanks are needed, address State Registrar.	(Addrass) Flory To All Mara Jordan	ale mid

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The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
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		BUREAU V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIO	NAL SI	PACE I	FOR 1	FURTHER	STATEMENTS	ВІ	PHISICIAN	

IARYLAND—	CERTIFICATE OF DEATH	IUIU
	210-nn	10
p.\	Registration Dist. No. 2	37
el Mid. S	drinok outside Celij Cinulo St.	Ward
Mark By		
nglish		1,6,
ual place of abode)	If nonresident give city or town an	d State
IVORCED (write the word)	(Month) (Day)	., 193 / (Year)
	22 I HERERY CERTIEV That I attended	d deceased from
<u>~.</u>	act, 13 , 1937, to act 13	19 3
19.1902	I last saw h in all on Oct 13 ,193	7_; death is sale
ays If LESS than	to have occurred on the date stated above, et/A'm.	
26 ormin.	wara as follows:	Date of onset
man	Fraces. Opull	19/13/37
		••
		**
spent in this		
occupation	Other Contributory Causes of importance:	
ω		
v~		
	Name of oparation Date of	
	What tast confirmed diegnosis? Was there an	autopsy?
w_	23. If death was due to external causes (VIOL ENCE) fill in also the following	•
^ A	6 1 111	12, 193.7
Eddlet	(Specify city or town county and St	ate)
aforming	Budle Welling	LAGE.
10 A 10 ==	Manner of injury. acity. acceptage	1
Golfy 7, 1931	Natura of injury 7 ractured shee	И-
li prolye.	24. Was disease or injury in any way related to occupation of deceased?	
el gred.	If so, specify	
rashears	(Signed) Tar Marine	M. D
	In the lime (years)	Registration Dist. No. Registration Dist. No. St., (if death occurred in a horpital or institution, give its NAME instead of street and of the state of the state of the state of street and of the state of the st

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Cerebral hemorrhage	NOV 2 1931	July 5,1927	Peritonitis	3 days ago	
1	PLEET V.S.		log of		
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastrocnteritis	1 year	
				La le locati	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Jas L. Vawter-Coronol -

1. PLACE OF DEATH	<u> </u>
county france Jeorge	Registration Dist. No. 2–31
Village or City Columbia Jark	ND. June Off Control of St., Ward (If death occurred in a horpital or institution, give its NAME, integed of street and number)
	(if death occurred in a norbital of institution, give its IVAIVIE, inteed of street and number) 10sds. How long in U.S. If of foreign birth?dysmosds.
2. FULL NAME Grame Martin Ch	elingi U.S. Veteran specify WAR
(a) Residence: No. Annobaltive	. St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR, QR RAGE, 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Married word)	(Month) (Day) (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Catherine Chelini	22. I HEREBY CERTIFY, The lattended decessed from
5. DATE OF BIRTH (month, day, and year)	liast saw h./M. alive on Oct. 14., 19.3.7; death is said
AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, at 1.0.35/4.m.
81 11 4 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Retvined Government SAWYER, BOOKEEPER, etc.	
	" Typoplepy
9. Industry or business in which work was done, as SILK MILL, employ. SAW MILL, BANK, etc	
10. Date deceased last worked at this occupetion (month and year) occupation countries occupation	
12. BIRTHPLACE (city or town) Lales	Other Contributory Causes of Importance:
(State or country)	- Cerebat Embolism
13. NAME AND Metani 14. BIRTHPLACE (city or town) Tang (State or country)	Name of operation
	What test confirmed diegnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Marianafilleri 16. BIRTHPLACE (city or town) Maly (State or country)	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT Carries Bringson (Address) / 3/6 To lating H. W	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place W. D. Shally grove & Bate O. C. 13, 193	Nature of Injury
19. UNDERTAKER James. J. Ryan Inc. (Addiess) 3/2 a and 55 200	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 15, 19.37 Veleu Days	(Address) Transville Md
If:	ore. Requesting U. S. No.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	2 2 2
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s		100	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11072
1. PLACE OF DEATH	
County Truck Les,	Registration Dist. No. 239
Vitage or City Laurel 1111	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
(H) (H) ++	interior of the state of the st
(a) Residence: No. / 8 / Tillbourse // (Usual place of subode)	M. Ward. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OF DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Claself	22. I HEREBY CERTIFY. That I attended decessed from
S DATE OF PURTY (mostly day and was) 5 All 3-1882	I last saw h Losa alive on Oct Z \$ 19\$7; death is sald
6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars Months Deys If LESS than	to have occurred on the date steted above, at 7.30 Am.
55 1 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, Sup. Isl. Co.	wara as follows: Date of onest Date of onest
A Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (manth and year) 12. Total time (years) spent in this occupation (years)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance: Mulinous ary Edenny 16.23:37
13. NAME Stomas Clagell	
13. NAME TOWAS CAGE 14. BIRTHPLACE (city or town) (Stete or country)	Nama of operation Data of What test confirmed diagnosis?
15. MAIDEN NAME & Unabeth I chave	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Clyabelly Schaul 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT TO Olicy Clayes	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION OR REMOVAL More OCT 35, 19 3	Manner of injury
19. INDERTAKER L. Hoyd of Cayses	24. Was disease or interry in any way related to occupation of deceased? (10)
20. FILED OCH 73, 1937 M. Bashace Registrar.	(Signed) J. R. E. S. S. Loring Grown B. (Ardress) J. Burnell M. R.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1.		
Other contributory causes of importance:	HK KKE TE	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1 E	LACE OF DEA	TU					
)	George.		Registration Dist. No. 343		
	Village or City	110	Alle		No. Thermose Luferonloon Sourt St. Ward		
					death occurred in a hospital or institution, give its NAME instead of street and number)		
	Length of residence in c	or town where	death occurred	yrs,mos	/-{ds. How long in U. S. If of foreign birth?yrsmosds.		
2. 1	FULL NAME	auny	2. Odeth	11/1/	St. Ward Washington D. Co V		
	(a) Residence: No	1-61	(Usual place	of abode)	If nonresident give city or town and State		
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH		
Je.	male Co	R OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Vear)		
H	narried, widowed, or divo USBAND of or) WIFE of	orced	0		22. I HEREBY CERTIFY. That I attended deceased from		
					april 30 ,19 36, to Oct 93 ,19 37		
6. DAT 7. AGE	E OF BIRTH (month, da Years	y, and year) () Months	Days	1918 If LESS than	I last saw h Lr. alive on Oct 3 , 19.3.7; death is said to have occurred on the date stated above, at 6.20 Lm.		
, AGE	18	11	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
N 8	. Trade, profession, or p kind of work done,	as SPINNER.	1110	3/1	- Fax advanced Relissonal 3/1/3		
PATION	SAWYER, BOOKKEE Industry or business in work was done, as SAW MILL, BANK,	n which	most of		tuberuloses a		
10	SAW MILL, BANK, Date deceased last wo this occupation (mo year)	rked at	, spai	ime (years) nt In this			
12. BIR	RTHPLACE (city or town) (State or country)	2 Vac	heington		Other Coutributory Causes of importance:		
œ 13	NAME M	ilt.	Dist led	(Decesed)			
13 14 14	BIRTHPLACE (city or to	wn) W	Carhineten	· · · · · · · · · · · · · · · · · · ·	Neme of operation		
-	(State or country)	10.	le O		What test confirmed diagnosis? X = Ray + Stuta - Was there an autopsy? The		
H 15.	. MAIDEN NAME	Edua	Holme	2/	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
16.	BIRTHPLACE (city or to (State or country)	wn) 2/	ashingle	<i>™</i>	Accident, suicide, or homicide?		
	ORMANT (Address)	Jacher			Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BUI	RIAL, CREMATION OR I	REMOVAL N	P. Date Con	6 1937	Manner of injury		
19. UN	DERTAKER (Address)	n 4	17 him	es de	24. Was disease or injury in any way related to occupation of deceased?		
	10.4 11	27-4	9/		(Signed) Daniel Leo Pinnears M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of emilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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		STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH				
1	L. PLACE OF	DEATH			(23)				
	County	Prince	Frange.		Registration Dist. No. 243				
		Allesan &	A		No. adult Luberaulosin land St Ward				
	Length of reside	nce in city or town where	death occurred	(li wrs/mos	death occurred in a horpifal or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?				
		E Darothy		, = 4					
ľ	(a) Residence	1	D Street	f nw	St. Ward. Washington, a C. V.				
-	(a) Residence	. 110	(Usual place	of abode)	If nonresident give city or town and State				
_		L AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH				
3,	SEX	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH				
-	temale	negro	_	ried	October 25 , 193 7 (Year)				
5a.	If married, widowed				22. I HEREBY CERTIFY. Thet I ettended deceased from				
	(or) WIFE of	Edward	Davis		September 2 , 19.3.3. , to October 28 , 1937				
6.	DATE OF BIRTH (me	onth, day, and year)	Ebruary	6 1906	I last saw here alive on October 28 , 1937; deeth Is said				
7.	AGE Years		Days	If LESS than	to have occurred on the date stated above, et. 12:40 pm.				
	31	8	22	l day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:				
NO	8. Trade, profession kind of wor	on, or particular k done, as SPINNER, DDKKEEPER, etc	W	h 1	Outmanay Julerculasis				
OCCUPATION	9. Industry or but	siness in which	Douse.	lova					
UP,	work was de SAW MILL,	one, as StLK MILL, BANK, etc							
000	1D. Date deceased		11. Total t	ime (years) nt in this					
	year)		0cc	upation	Other Contributory Causes of Importance:				
12.	BIRTHPLACE (city of	or town)	***************************************		Cardiac Secompensation				
~	(State or country	y) Uir	ginia						
FATHER	13. NAME	David	Bradfor	d					
FAT	14. BIRTHPLACE (c		0		Name of operation have Date of				
-	(State or co	020	gima		Whet test confirmed diagnosis? X- way Was there an autopsy? Lo				
MOTHER	15. MAIDEN NAME	THE WAY	Butler	/	23. If death was due to external causes (VIOLENCE) fill in also the following:				
MO	16. BIRTHPLACE (c	1/	4		Accident, suicide, or homicide?				
	- /1	2-1	· genea		Where did Injury occur? (Specify city or town, county and State)				
17.	(Address)	arcur.		0	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.				
18.	BURIAL, CREMATIO		14	1	Manner of Injury				
	Plece/_//	1. Oliver	Date 1 0/	30 ,1937	Nature of Injury				
19.	UNDERTAKER -	homas	Franci	er	24. Wes disease or Injury In any way related to occupation of deceased?				
	(Address) 3	89 8.9.	are on,	m,	If so, specify				
20.	FILED DET 2	8 19 37 9	& Lane	To my	(Signed) & Aniel Keo I mucane M. D.				
		3 (1	0	Registrar.	(Address) Glenn Dak Sanatorium				
		If more	e blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Alenn Dale mod				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of e	pilépsy EIVED	1 week ago		
Chronic interstitial nephritis	1921	Run over b	street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	NOV 4 1937	3 days ago		
			BUREAU V. S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other con	1 year			

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. N County_ Jo (If death occurred in shorpital or institution give its NAME instead of street and number) How long in U.S. If of foreign birth? PHYSICIANS Length of residence In city or town where deeth occurred statement If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINCLE MARRIED, WIDOWED, 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH OKCED (write the classified. 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day_and year) certificate. properly 7. AGE If LESS than Months Days to have occurred on the dete seted aboys, et. 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence or min. were es follows: Date of enset 8. Trede, profession, or particular CUPATION kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. jo plnods may 9. Industry or business in which back work wes done, es SILK MILL, SAW MILL, BANK, etc..... 1D. Date deceased lest worked at 11, Total time (yeers) this occupation (month and spent in this that yeer) _____ occupation _____ 12. BIRTHPLACE (city or tow (State or country) terms, HER 13. NAME See FAT 14. BIRTHPLACE (city or town)_____ plain (State or country) efully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in importan Accident, suicide, or homicide?... Dete of Injury 19 CAUSE OF DEATH 16. BIRTHPLACE (city or town). (Stete or country) Where did Injury occur?__ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE 17. INFORMAN should Manner of Injury mation Neture of Injury TION 24. Wes disease 19. UNDERTAKER If so, specif Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Noffi.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	J07:01
County Prince Garge	Registration Dist. No.
Village or City Woods Carner	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME John Henry Doc	Kell If U. S. Veteran, specify WAR
(a) Residence (No Quacastia DCR#4)	St., Ward.
(Usual place of abode) Wood	s Corner, Md, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DixORCED (write the word)	21. DATE OF DEATH
male negro Widowed	(Month) (Day) / Year)
ia. If merried, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That attended deceased from
(or) WIFE of Madeline Henderson	Oct 6 1957 to Oct 8 1937
5. DATE OF BIRTH (month, day, end year) May 24 185-2	I last saw him alive on Oct 72, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2/ m.
85 - 4 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	acute Branche pullurgua Date of onset
kind of work done, as SPINNER, Labour	moraling Chelly the 10/5/3;
9. Industry or business in which work was done, as SILK MILL, Po Tese	left Land
SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and year) vear) 11. Total time (years) spant in this occupation	
desir de la desiration	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	mulliple arlegeles 1
ai di	luffestrophic. 9/137
13. NAME Unknown.	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME (ligh Bockell	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) Manulan	Accident, suicide, or homicide?
(State or country) Maryeana.	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT CLACE M. Trallar	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of Injury
18. BURIAL, CREMATION, OR REMOVAL Place Date 16/10, 1937	Nature of Injury
P. Harry Brown	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (COMMANDE OF	If so, specify
0.F. 374 . O. 3	(Signed) Paul C Van Valla M.D.
20. FILED POR 19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Address) Remarks DC, KH
Acgm-ur.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Not 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11076
1. PLACE OF DEATH	92-60
County Trince Deorges	Registration Dist. No. 245
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
000	gs. now long in 0.5. If of foreign birth?yrsmosgs.
(a) Residence: No. Riggs Mill Road, (Usual place of abods)	If U. S. Veleran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).	21. DATE OF DEATH 25, 193 37.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth a, Forney	12. I HEREBY CERTIFY that attended deceased from
6. DATE OF BIRTH (month, day, and year) aug -1 - 1873	I last saw har alive on Ach 19.3.7: deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
Cer 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as Tollows.
8 Trada profession or particular	Millumseffluincy 10/23/9
9_Industry or business in which work was done, as SILK MILL,	
O 10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) 2004 (State or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Celingebith Seucle	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Celinglath Sence 16. BIRTHPLACE (city or town) (State or country) Struckery	Accident, suicida, or homicide?
17. INFORMANT Mis Colyselett a former	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Place alexiell relate 10/77, 193;	Manner of Injury
19. UNDERTAKER SUU Chaucher (Address) Rim dale mod;	24. Wes disease or injury In eny way related to occupation of deceased? 200
20. FILED (0. of - 25, 1937 Mrs. Jasos ever	If so, specify (Signed) The Company M.D.
He at was Spistrar.	(Address) And Belling Brown Bl C N

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Cerebral hemorrhage . NOV 5 1997	July 5, 1927	Peritonitis	3 days ago		
Other and Butter V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

	RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
FOR BINDING	S A PERMANENT	tated EXACTLY.	roperly classified.]	rtificate.
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS	upplied. AGE should be s	terms, so that it may be I	e instructions on back of co
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully s	CAUSE OF DEATH in plain	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	20
County Prince Jeorges	Registration Dist, No. 246
Village or City Mr Rainier, Ma	No. 3409 - 354 St., St., Ward
	death occurred in Thorpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Turner Lee Bunkhouse	If U.S. Veteran specify WAR.
(a) Residence: No. 3.709 - 35% St.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sucy 6. Fumphouser	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 14. 1862	l lest saw harman alive on 1924 ; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et 5 0 m.
7.5 14 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade niofession or particular	Primary lateral Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at	Spiral cold
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) At. Jackson 17 (State or country)	Other Cantributory Causes of importance:
13. NAME Casper Funkhouser	
13. NAME Casper Fundhouser 14. BIRTHPLACE (city or town) It Jackson, 7/	Name of operation. Showal Muncluse of Oct 80
1 (Grate of country)	Whet test confirmed diegnosis? The transfer and autopsy? No
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) — Called August 1970 — (State or country)	Accident, sulcide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Pobl. E. Funghouser (Address) 3709-35th Dt. Mr. (Carried. Md.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place It. Jincoln Compate Oct. 30, 1937.	Manner of injury
19. UNDERTAKER It. It. Chambers Co. (Address) & Eleveland arts. Giverbale, Md.	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED Oct 28, 1939 / Being Wally M. W. Registrar.	(Signed) Surfl Caller M. D. (Address) My atternal M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1			7.11
N KIRTHY	- th		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.—WRITE PLAESLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

	F MARYLAND—	CERTIFICATE OF DEATH	11078
1. PLACE OF DEATH		93-0	31000
Village or City Dryalls	eorge	No. 7 mc Greary St.	45 Ward
Langth of residance In city or town where o		death occurred in a hospital or institution, give part AME instead of street and ds. How long in U.S. if of foreign birth?yrs.	d number) mosds.
2. FULL NAME Three	a. Howest		
~	La vanco	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town a	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE	5. SfNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		2, 193 7
5a. If married, widowed, or divorced	accuracy c	(Month) (Day)	(Yaar)
HUSBAND of Holliam	Gaucet	22. HEREBY CERTIFY, That attended	ed deceased from
6. DATE OF BIRTH (month, day, and year)	Dec 31-1861	I last saw han alive on Oct. 9 , 19 3	2.; death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the data stated abova, at6_:/.SA_m.	
75- 6	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	15. ()
8. Trade, profession, or particular	4 10	Respondial insuffice of	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	at chame	into my ormolal	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc		clearly ce	
10. Data dacaased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	'many	Other Contributory Causes of importance:	
(Stata or country).		to the same for any	
13. NAME	our -		
13. NAME 14. BIRTHPLACE (city or town)		Name of operation Date of	
(Stata or country) > ~	termany	What test confirmed diagnosis? Was there a	
15. MAIOEN NAME	0	23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town)	uknown	Accident, suicide, or homicide?	
State or country)	2 47	Where did injury occur? (Specify city or town, county and S	
17. INFORMANT MYS I WAS (Address) Sagalline	he me d	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREWATION OR BEMOVAL	Date QET 12, 19 3	Manner of Injury	
19. UNDERTAKER 4. Harch	· Jone	24. Was disease or injury In any way related to occupation of deceased?	cue.
(Address) Eyallan	uce ma	If so, specify	
20. FILED LET . 1937. 1937. 193	Registrar.	(Signed) (Address) He there will be well as the second of	M. D
4 If more	blanks an needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 5 1937	July 5,1927	Peritonitis	3 days ago	
BURGAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

1. PLACE OF DEATH	(131)
County Prince George	Registration Dist. No. 24
Village or City James 1 Leights	NoSt.,
(If	death occurred in a hospital or institution, give its NAME instead of street and number
Length of residence in city or town where death occurred	
2. FULL NAME James Henry Giles	If U. S. Veteran, specify WAR
(a) Residence: No. Fairmout Herality	now Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (qurite tha word) Marie (21. DATE OF DEATH (Month) (Oay) (Oay)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattle (washington 5. les	22. I HEREBY CERTIFY, That I attended dece
6. DATE OF BIRTH (month, day, and year) may 9, 1872	I last saw have alive on Oct 16 ,1937; de
7. AGE Years Months Oays If LESS than	to heve occurred on the date stated above, at 5.30 a.m.
7 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	Broughias Merry on 16
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	1
9 Industry or business in which work wes done, as SILK MILL,	Chrome Interstitia (neplint) 1
SAW MILL, BANK, etc	-
this occupation (month and year) 1974 Spent in this 2 4	
0.00.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Carry (State or country)	
	-
13. NAME James Jules 14. BIRTHPLACE (city or town) Collyagian;	N. 0
4. BIRTHPLACE (city or town) College	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? Was thare an auto
15. MAIOEN NAME Sarah Jeles	23. If death was dua to external causes (VIOL ENCE) fill In also tha following:
[16. BIRTHPLACE (city or town) Colling Con	Accident, suicida, or homicide? Date of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Satto (N. Geles -	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
18, BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Mil Owel Date Oct 19 1937	Natura of injury
	Tractice C. Injury

No.____St., th occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______yrs._____mos.____ds. If U. S. Veteran, specify WAR______ MEDICAL CERTIFICATE OF DEATH DATE OF DEATH HEREBY CERTIFY. That I attended deceased from Name of operation What test confirmed diagnosis? Wort Was there an autopsy? Use 3. If death was dua to external causes (VIOLENCE) fill In also the following: Accident, suicida, or homicide?______ Date of Injury_______19___ Where did injury occur?_____ (Specify city or town, county and State)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

19. UNOERTAKER (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MOV 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURLAU V. S.	A 0 2		
Other contributory causes of importance:	Maria de la compansión de	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	10/200		

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY P	HYSICIAN	

(94-6)		0 . /	0
	Registration Dis	t. No. 24	2
No lua ble B	and agra	u 7 0	Ward
No. Wable 3	ion, give its NAME in	stead of street and n	umber)
ds. How long in U.S. If of	foreign birth?	yrsmo	sds.
If U. S. Veteran,	specify WAR		***********
St., Ward.			
MEDICAL CE		e city or town and	State
	ERTIFICATE C	DE DEATH	
. DATE OF DEATH	Pres.	18	102 7
	(Month)	(Day)	(Year)
LHEREBY	CERTIFY.	That i attanded o	deceased from
sofst 1	1937, to	418	, 1937
last say h.e. elive on	9-7-18	1937	; daath is said
have occurred on the data stated	ebova, at 9:20	E.m.	
he PRINCIPAL CAUSE OF DEATH	H and related causes o	of Importanca	
a'			Oate of onest
oronan	, occl	tala.	1936
o(
andra	aste	wa	
anterior	eleri	A-Dia	
ther Contributory Causes of Impor			
ama of oparation		Date of	
het test confirmed diagnosis?		Was there an a	ulopsy? 200
If death wes due to external caus	ses (VIOLENCE) fill In	elso the following	
ccidant, suicida, or homicide?	Dat	a of Injury	, 19
hera did Injury heeur?			
pecify whether Injury occurred in	(Specify city or tov INDUSTRY, In HOME	vn, county and State , or in PUBLIC PLA	cE,
lenner of Injury			margin
ature of injury			
. Was disease or Injury In eny wa	y releted to occupation	n of deceased?	ho-
so, specify	····		
(Signad) Thood	one Pi	ncke	ay M. D.
(Addrass)48.3.2	1 Dear	re are h	. El / D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
population .	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATI	EMENTS BY PHYSICIA	ΛN
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Date of onset

Acgistrat.	" (Addiass)	1.00-0
blanks are needed, address State Registrar,	2411 N. Charles Street, I	Baltimore, Requesting V. S. No. z.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	The second secon	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 Fr Am	July 5, 1927	Peritonitis	3 days ago	
	NOV 8 300				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones	Prop V	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	County Truce Derg &	Registration Dist. No. 240
	Village or City Orvandy ewifue was	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsd
2	2. FULL NAME / Farrief Clipabe	the Hawkins
	(a) Residence: No France wine lung	St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. 9	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORGED (write the word)	21. DATE OF DEATH (Month) (Day) (Yedr)
5a.	If married, widowed, of differed HUSBANO of (or) WIFE of Harley & Haw Kins	29. LEREBY CERTIFY. That I attended deceased from
6 1	DATE OF BIRTH (month, day, and year) March: 4-185)	I last saw ID alive on Del B 1977; death is sa
-	AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at 5.2m.
	95 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onso
ON	8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	to haming My annal F. 103
PAT	9. Industry or business in which work was done, as SILK MILL,	Julian Ju
OCC	SAW MILL, BANK, etc	
0	this occupation (month and spent in this occupation	
12.	BIRTHPLACE (city or town) It audywill	The Cure of Importance of Impo
or	(Stete or country)	0 / /
THER	13. NAME fores of 3	
FAT	14. BIRTHPLACE (city or town) Waryland (State or country)	Name of operetion Date of Date of What test confirmed diagnosis? Was there an eutopsy?
HER	15. MAIDEN NAME Unlesson	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town) well turned	Accident, suicide, or homicide? Accident, Date of Injury-7/21/2, 191/
-	(State of country)	Where did Injury occur? (Specify city or town, county and State)
17.	(Address) #3 (Outon mil	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Emitypate Qt. 11, 1937	Manner of Injury Hoalung J Hop
19.	UNDERTAKER Huntt + Ryon (Address) Walderl. And	24. Wes disease or injury in any wey related to occupation of decembed?
20.	FILEO Oct. 19, 1937, Mus J. K. Smith	(Signed Oliver Down M. (Address) Branden Dund

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ll l	Example II		
The principal cause of death and related rauses of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arter toster osts	1915	Attack of epilepsy	1 week ago	
Chronic interstitial negaritis 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage Relies	July 5,1927	Peritonitis	3 days ago	
8.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

11053

1. PLACE OF DEATH	600
County Prince Leage	Registration Dist. No. 272
Village or City Landan	NoSt., Ward
Length of rasidence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foralgn birth?mosds.
2. FULL NAME William /tenny	If U. S. Veteran, specify WAR
(a) Residence: No. January (Usual place of abde)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored Married	
5a, If marriad, widowad, or divorced	
HUSBAND of Cor) HHE of Levilla Henry	22. HEREBY CERTIFY, That I attended deceased from
DATE OF RIRTH (month day and vase) July 10 1903	
i. DATE OF BIRTH (month, day, and year)	[5/3
24 3 4 I day,h	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
2 Trade profession or particular	Primary cause 2 Dente my acardition Date of one of
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cent &
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked et	V. Cante Cardin Mileta Oct. 13/1
10. Date daceased last worked et this occupation (month and Let. 13,1937 spent in this occupation	
12. BIRTHPLACE (city or town) loolling ton (State or country)	Other Centributery Causes of Importance:
C-llit	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Josephine Robinson	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Josephine Robinson 16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Data of Injury19
(State or country)	Whare did Injury occur?
17. INFORMANT Liville Henry (Address) Collins to	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Down Md Date Och 192, 193	7 Nature of Injury
19. UNDERTAKER F. Squal Squal Squal	24. Was disease or Injury In any way related to occupation of decaasad?
(nourass) Bladensburg and	If so, specify Tenny Alotware h
20. FILED 10-15, 1937 Mas. Johns W. Arms	(Signed) Brone

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
-10V 3	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11084
1. PLACE OF DEATH	<u>.</u>
county Trinclessessalal	Registration Dist. No. 1 3 /
Village or City Tenilward, Md.	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidanca in city or town where daath occurredyrsmos.	ds. How long in U.S. If of foralgn birth?yrsmos,ds.
2. FULL NAME annette & . Hube	If U. S. Veteran, specify WAR
(a) Residence: No. 16/3 Bass are.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORD DW PRCED (wrige the word)	21. DATE OF DEATH
A DI. Harried	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	22. A I HEREBY CERTIFY, That I attanded deceased from
(or) WIFE of Edmund J. Hickey	Mear. 7 1937 to Cet 14 1937
6. DATE OF BIRTH (month, day, and year) Lec. 31, 1898.	I last saw h aliva on
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 1.3. A.m.
58 9 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8 Trade profession or particular 20 10	Carcinows. Date of onset
kind of work dona, as SPINNER, Lall Training SAWYER, BOOKKEEPER, etc.	Dregots metasticisco
kind of work done, as SPINNER, all Training SAWYER, BOOKKEEPER, etc. 9. industry or business In which work was done, as SILK MILL, Sahval Jon Boyd. SAW MILL, BANK, atc.	thru abdougly peliers
10. Data daceasad last worked at this occupation (month and year)	Shall Thall
Nr Occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(diate of country)	
I 13. NAME gacharian Constason	
13. NAME 3 acharish tonalson 14. BIRTHPLACE (city or town) Sligo, Mf	Name of operation Remarks 1. Breat Date of 4-7-37
(State of Country)	What tast confirmed diagnosis? Lawlt May Was there an autopsy? No
15. MAIDEN NAME (city or town) Hagen 16. BIRTHPLACE (city or town) Hagen (State or country)	23. If daath was due to axtarnal causas (VIOLENCE) fili in also tha following:
5 16. BIRTHPLACE (city or town) / Tashe)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19
(State or country)	Whara did injury occur?(Specify city or town, county and State)
17. INFORMANT Edmind J. Hickey	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 16/3 Bags WE., Kenyfrosth, Ma.	
Place M. Olivet Gen Data oct 16 1937.	Manner of injury
1/2 No 28 1 0	Natura of injury
19. UNDERTAKER 11. St. O Karabells (00.) (Addrass) 918 Eleveland are Riverleel Ms.	24. Was disease or injury in any way ralated to occupation of dacaasad?
20, FILED OUT 15, 1937 Neley Doyton	(Signed) Sylva H. Destation M.D.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

BINDING

FOR

MARGIN RESERVED

WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH should County Registration Dist. No. jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred. How long in U.S. iI of foreign birth?_____yrs.____mos. statement _mos.____ds. If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF 5. SINGLE, MARRIED, WIDOWED, DEATH OR DIVORCED (write the word) male classified 5e. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end year) certificate. properly 7. AGE Yeers If LESS than Months Days I day, ____hrs. end related ceuses of importance 5 0 or min. Date of onset 8. Trade, profession, or perticuler kind of work done, es SPINNER, Jo ō SAWYER, BOOKKEEPER, etc ... PAI back 9. Industry or business in which may work was done, as SILK MILL. SAW MILL, BANK, etc ... on 10. Date deceased lest worked at II. Total time (years) this occupetion (month and spent in this that occupetion . instructions 12. BIRTHPLACE (city or town). (State or country) terms, FATHER I3. NAME See 14. BIRTHPLACE (city or town Name of operation_ plain (State or country) carefully What test confirmed diagnosis? Wes there en eutopsy?_. MOTHER I5. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: n Accident, suicide, or homicide?_____ Dete of injury____ DEATH 16. BIRTHPLACE (city or town) (State or country Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnods OF (Address) 18. BURIAL, CREMATION, OR Manner of Injury CAUSE mation LION Nature of injury_ 24. Wes diseese or injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) II so, specify (Signed)

(Address)

Registrar.

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Example I	[1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis:	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 10 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.

19. UNDERTAKER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11086
1. PLACE OF DEATH	(31)
County Prince Ster. Co. Md.	Registration Dist. No. 233
Village or City Bradburg Heights	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas B. Hill	
(a) Residence: No. 1800 - Rulton Que.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nor DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yepr)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Virginia Lapor	22. I HEREBY CERTIFY. That i attended deceased from April 1, 19.27, to Oct 24, 19.27.
6. DATE OF BIRTH (month, day, end year) Quen, 24-1859	I last saw h have alive on Oct 23 1937; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 6m.
78 2 - 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER.	Sermour aneman unhan
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Chronie Isudative
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	mapleselie with \$1937
10. Date deceased last worked at this occupation (month and year)	- Later and a second
Richio med.	Other Coutributery Causes of Importance:
12. BIRTHPLACE (city or town). Wachield (State or country)	SAPOSAS, S. Mule,
13. NAME Phillip C. Hill	The state of the s
13. NAME / Killifs C. Will 14. BIRTHPLACE (city or town) Packie Find.	Name of operation
15. MAIDEN NAME Comie. V. Crawford	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (INDICE OF COUNTY) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(Stete or country) Vachel Md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Catherine & Boyof (Address) 6800 - Rullan and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mashi, & C. Date Oct. 24, 19.37	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

Registrar.

24. Wes disease or injury in eny way related to occupation of deceased? The

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chamic interatibile and interaction and inte	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
01.67.74			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

MARGIN RESERVED

. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	1/4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLA

MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
PLACE OF	DEATH 0		46-8		

1. PLACE OF DEATH	46-6
County Prince Georges	Registration Dist. No. 245
Village or City Hyallande Md	No. Dacred Seat Howse, Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME alex is Salehart	If U.S. Veteran specify WAR
(a) Residence: No. Dacre a Hearth (Usual place of abode)	Ward. Nandsonsells If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SAX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed of divorced HUSBAND of (or) WIFE of	28. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer)	I last saw h alive on Oct 1) , 1937; death is said
7. AGE Years Months Days / If LESS than I day,hrs.	to have occurred on the date stated above, at 11 0 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc.	Carcina Dia al
kind of work done, as SPINNS SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	23
10. Date deceased last worked at this occupation (month and occupation (month and occupation (month))	Jall Mader 13
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
E 13. NAME TO A. COLON DELLA C	1 10 10 2 10 mil 1 mounted ag
13. NAME 14. BIRTHPLACE (city of town) (Stete of country)	Name of operation Mana Date of
	What test confirmed diegnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME AND SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOL	23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT SOUND HOUT HOUSE CONC.	(Specify city or town, couoty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Line police mel Date Oct 14, 1937	Manner of injury
19. UNDERTAKER Francis Collins (Address) 3619-14th J. W. Work De.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct. 13, 1937 Mys Jas. Serve	(Signed) Suyl), Natural M.D. (Address) Hy attanila Ma)
If more blanks are nucled, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis NOV 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921 -	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		NOV 4 1937	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928		1 year
	-		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County True Vegra Red	Registration Dist. No. 24
Village or City The Washington	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where daath occurredyrs	
2. FULL NAME Les les leulen	A
(a) Residence: NoTh Washington	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write be word) OR DIVORCED (write be word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Rec. 22-1914	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, BC45. Am.
22 70 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related eages of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Sollias SAWYER, BOOKKEEPER, etc.	Thatture of Shall 19/1/37
Industry or business in which work was done, as SILK MILL,	36 filestial
SAW MILL, BANK, etc	Hemorrage
this occupation (month and year) Spent in this year)	
12. BIRTHPLACE (city or town) Unknown	Other Contributory Causes of Importanca:
(State or country)	fillest 6 lf mon for
I 13. NAME Mack lentury	asting Cororor
13. NAME (Carlown) The leaston (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was thera an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Decedent Date of injury 2/12 1937
(State or country)	Where dld injury occur? Selesia 2nd
17. INFORMANT COL. S. S. Franch MC U.S. a.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR MEMOVAL Place Morth Carolina Data Oct 21? 1937	Manner of injury During Hy automobile
M. M. O. A.	Nature of Injury Thacker of Stull Jones of Stull Jo
19. UNDERTAKER (Address)	24. Was disaasa or Injury In any way related to occupation of deceased?
20. FILED Det 18, 1937 Thra. altor Dave	(Signer) Clause Co. Corucos, M.D.
Acgorda.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	da.	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
county Tence Thoras	Registration Dist. No. 243
Village or City Isleum Dale	No. Glenn Dare Santonia St. War
(1	If death occurred in a hospital or institution, give its NAME instead of street and number)
1.0	s. 20 ds. How long In U.S. if of foreign birth? yrs. mos.
2. FULL NAME Johnson, Jan	nes .
(a) Residence: No. 1824 - 15th St	nest, Ward. Wahington OC.
(Usual place of abode)	If nonresident give dry or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
maried married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. Thet I attended deceased f
(OI) HIE OR Plane Johnson	Jan 24 19 35 to Oct. 6 193
6. DATE OF BIRTH (month, day, and year)	I last saw h um allve on At 6 19 37 death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 202m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	Bulatas When we July Date of on
kind of work done, as SPINNER, Suttley SAWYER, BODKKEEPER, etc.	1/2
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	-
year) occupation	Dither Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(Stata or country)	-
13. NAME Le Johnson	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Otate of Country)	What test confirmed diagnosis? XICLLY T. Jew as there an autopsy?
15. MAIDEN NAME	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME CLCQ ? 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Deceased	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Carriery Centery	
Place Washington DC. Dete D.C/6 1937	Manner of injury
00 671. 8 14	Nature of injury
19. UNDERTAKER Ches. G. Hicks W	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Aurafolio Maryland	If so, specify P
20. FILED US 6, 1937 9. E. Laucastr, M. D.	(Signed) Sand Sandouin
Registrar,	(Address) Llenn Date Sanatorum

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example U	Tai - 18
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
	Mag 1,1520	Gusti Gentei i i is	1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

BINDING

ARGIN RESERVED

CAUSE mation

LION

19. UNDERTAKER

Registration Dist. No. 230 (If death occurred in a hospital of Institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____ MEDICAL CERTIFICATE OF DEATH The PRINCIPAL CAUSE OF DEATH and related causes of importance 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			l

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	93
1. PLACE OF DEATH		
county Prince Georges	Registration Dist. No. 230	
Village or City Berwyn Md	NoSt.,	Ward
The state of the s	death occurred in a horpital or institution, give its NAME instead of street and numbe	
2. FULL NAME MINNIE ESTElla Karca		
	St. Ward.	
(a) Residence: No. Der WY (Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF PRITE 19	7
Temale White Married	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced	22. A HEREBY CERTIFM. That Lattended decea	sed from
(or) WIFE of J. Fred Keepauver	april 19 33, 10 October 29,	,37
6. DATE OF BIRTH (month, day, and yaar) Se ox 79, 1866	I last saw her aliva on October 29, 1937; daa	th is seid
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated ebove, et_8	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	e of onset
8. Trada, profession, or particular kind of work done, as SPINNER, P		7-1-102
9. Industry or business in which	Cerebra Memorrage 19	vul / 13
SAW MILL, BANK, etc		
11. Total tima (years) this occupation (nonth and 1935) year) Heart 11. Total tima (years) 3 8 41		
year) year) occupation	Other Contributory Causes of Importanca:	,
12. BIRTHPLACE (city or town) TARMONY TEATURE CD (State or country)	arterioscleroses lu	kuow
	Diabetes millitus (11)	out 19
14. BIRTHPLACE (city or town) Church H. L. H. Enchersche	71.074	
[State or country]	Name of operation Dete of Blood sugger was the control of t	.710
# 15. MAIDEN NAME Mary Catherine Schildking	What test confirmed diagnosis?	yr.I.CEL
o 16. BIRTHPLACE (city or town) Frederick Co	Accident, suicida, or homicida?	19
(State or country)	When did injury easur?	
17 INFORMANT & S. KECKAWY	(Specify city or town, county and State) Specify whathar Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Address) NY missiers to no Convert Hills He	attent,	
18. BURIAL CREMATION OR REMOVAL MAD BUILDEN (1837	Manner of injury	
7 4 1. 0-	Nature of injury	
19. UNDERTAKET RASCIA STATE	24. Was disaesa or Injury in any way related to occupation of deceased?	Q
(Address) Stational of the	(Signed) amold mc ruth	
20. FILED MY-1t, 1927 VIII D. O. Registrar.	(Address) 1835 Eye Street 7.W.	M. D.
If more blanks are needed, address State Registrar,	4	72
	houseming,	,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

N. B.—WRITE PLAT

V. S. No. 1

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11094
1. PLACE OF DEATH	17
County Priorce Her. Co	Registration Dist. No. 245
Village or City Kivesdale Md.	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give its tydivize instead of street and number) ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Charles & Kerloot	
(a) Residence: No. 906 - Harrison Que (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 10 4 , 193 7.
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Cola M. Kenfort	22. I HEREBY CERTIFY, That Vattended deceased from
6. DATE OF BIRTH (month, day, and year) July 23 - 1870	I last saw h An alive on 10/4 , 19 3 I death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
67 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
	Charles The State of the said
9. Industry or business in which work was done, as SILK MILL, Julius SAW MILL, BANK, etc.	griffication (929.
10. Date deceased last worked at this occupation (month and spent in this	Deales de la
year) occupation	Other Contributary Causes of Importance;
12. BIRTHPLACE (city or town) Ungina	Other Countries of Importance.
(State or country)	
13. NAME (indaku) Tenfort 14. BIRTHPLACE (city or town) Vinguna	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Stegarith Copfunkagen 16. BIRTHPLACE (city or town) - Unama	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city of town)	Accident, sulcide, or homibide? Date of Injury, 19
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT My dola M. Terfort (Address) 966 - Hamson aux Riverdale	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fort Rincoln Malpate Oct. 6, 19 3	Manner of injury
19. UNDERTAKER Milliam Reis Sens Co.	24. Wes disease or injury in any way related to occupation of deceased?
(Address) 300- 4" Let. Me Wash B.	If so, specify
20. FILEO VEL 9 5 , 1957 MA Jas Serent	(Signed) M. D. (Address) Marketale Med.
THE PARTY OF THE P	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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NOV 5 1937			3 .00
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	- A-10	

M	D. Every item of infor-	SICIANS should state	tatement of OCCUPA.	
	REC	. PHY	Exact s	
FOR BINDING	S IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	-WRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
0.1	-WRITE PLATLY, V	mation should be caref	CAUSE OF DEATH in	TION is very importar

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTENIES	CERTIFICATE OF BEATTI
1. PLACE OF DEATH	- (31) O N O
County J. News W.	Registration Dist. No. 🖂 🦅 🛇
Village or City Se at Gle as ant	NoSt.,Ward
W/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How fong in U.S. if of foreign birth?yrsmosds.
Q + - 10 1 1 1	
2. FULL NAME SECURITY OF THE CAME	it u. S. veteran, specify war.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Jemale White OR DIVORCED (write the word)	OCF 10 ,193 37
5a, If married, widowed, or divorced	(Month) (Oay) (Yaar)
(or) WIFE of YI) The Tolerand Langue	22. I HEREBY CERTIFY. That I attended deceased from
1 THOMAS SACRY	april 4 , 19 3 /, 10 OCY 10 , 19 37
6. DATE OF BIRTH (month, day, and year)	I last saw to 22 alive on 09 10 ,19 3 1; death is said
7. AGE Years Months Deys If LESS than I day,hrs.	to have occurred on the date stated above, at 5.00P.m.
15 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Serve myocarailes 2 yrs
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	ago
11. Total time (years)	
this occupation (month and year) spent in this 49	
41) Oplan 10	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	and also
13. NAME I as goerry Jones	300000
E	Name of operation. No Date of
[State or country] Mou. Co Md.	What test confirmed diagnosis? None Was there en eutopsy?
W 15. MAIOEN NAME M MILLA Thomas	23, If death was due to externel causes (VIOL ENCE) fill in also the following:
TH.	Accident, sulcide, or homicide? Date of Injury19
Stata or country)	Where did injury occur?
mysm x Pacy	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE,
17. INFORMANT Se at Oli 40 ant ma	
18. BURIAL CREMATION OR REMOVAL	Menner of Injury
Place 1911 1911 193 / Date 01 1 3 , 193 /	Nature of Injury
10 morning Pitchie Bertheso	24. Was disease or injury In any way related to occupation of deceased?
(Address) Phon Enachoro, Ma	If so, specify - 0.0 0 · 1 / T /
	(Signed) W. Sunt Jalchie M. D.
20. FILEO L. J. L. 19. J. L. W. J. A. C. D. M. Registrar.	(Address) Octa 1 (Denning Sta O.C.

B.—WRITE ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	133	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SINEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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OCCUPA 1. PLACE OF DEATH plnods of County Registration Dist. No. item Village or City of (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residance in city or town where death occurred How long In U.S. if of foreign birth?_____yrs.____mos.____ds. statement 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Month) classified. 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of × 田 6. DATE OF BIRTH (month, day, and yaar) certificate properly 7. AGE Yaars Months Days If LESS than stated 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca or min. SI were as follows Date of onset 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. be of back may PA Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, atc.... 1D. Date deceased last worked at 11. Total time (years) on this occupation (month and that spant in this occupation _. instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diegnosis? Wes there en autopsy?__Zee MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?_____ Date of injury_____ OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION OR REMOVA Manner of injury WRITE S CAUSE mation Natura of injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, spacify 20, FILED€ (Addrass) 2012 Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		/r	
Other contributory causes of importance:		Other contributory causes of importance:	6
Gallstones	May 1,1923	Gastroenteritis	1 year
		13.193	7
		/ M(),	A STATE OF THE STA

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH Registration Dist. No. 230 plnous (If death occurred in a hospital or iostitution, give its NAME instead of street and number) Length of residence in city or town where death occurred 69 yrs. How long In U.S. if of foreign birth? vrs. mos. ds. ey polati U. S. Veteran, specify WAR_____ (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT male widowed classified 5a. If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from anne Terpolds certificate. 6. DATE OF BIRTH (month, day, end year) properly to have occurred on the date stated ebove, at 9 ... m 7. AGE Months If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. IS Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. THIS OCCUPATION back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may pluods 10. Date deceased last worked at this occupation (month and 11. Total time (years) instructions on occupation 69 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13, NAME See 14. BIRTHPLACE (city or town)_____ (State or country) carefully MOTHER 15. MAIDEN NAME 2 very important. 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?----- Dete of Injury-----16. BIRTHPLACE (city or town) ... OF DEATH (State or country) Where did injury occur? should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL Manner of Injury WRITE. TION is mation Nature of injury If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	HERECEIVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MOV 9 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V &			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state of OCCUPA-Exact statement properly classified. MARGIN RESERVED FOR BINDING of certificate. pe AGE should be TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

V. S. No. 1

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SIAIE	OF MAKI	LAND	CERTIFICATE OF DEATH	098
1. PLACE OF DEATH	0		130	1
County Prince	Deorge		Registration Dist. No.	2
Village or City	Louer 15	_	ND. St., death occurred in a hospital or institution, give its NAME instead of street and it. death occurred in a hospital or institution, give its NAME instead of street and it. yrs. mi	
Length of residence in city or town who	ere death occurred	yrs.		13
2. FULL NAME (Danie)	o Hem	M Wil	If U. S. Veteran, specify WAR	
(a) Residence: No. Jan	(Usual place of		St., Ward. If nonresident give city or town and	State
PERSONAL AND STATE			MEDICAL CERTIFICATE OF DEATH	
Male Colore Or RACE	1/	(write the word)	21. DATE OF DEATH (Month) (Day)	, 193_7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	th S. W	iles	22. 1 HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	?		1 24 01	; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 9.124.0. A.m.	
57	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular			A	Date of ouser
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Tabore	<u>a</u>	Chronic Valvuler heart	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	10 11:0	D 14	disease	1936
ID. Date deceased last worked at	11. Total tir	ne (vears)	acute Rheunster Jens	-193 Ge
this occupation (month and year)	spen	t in this 18		-
	a aread	2000	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	and a	id of	Dock hartis	1936
13. NAME	Jan i C	00	Occupation	1936
14 PIRTURI ACC (city or town)	444	oled Co	Name of operation Date of	
(State or country)	any lan	۵	What test confirmed diagnosis? Was there an	
15. MAIDEN NAME	ual (1)0	inner	23. If death was due to external causes (VIOLENCE) fill In also the followin	
16. BIRTHPLACE (city or town)	arun	del Co.	Accident, sulcide, or homicide? Date of Injury	, 19
(State or country)	· D.	1	Where did injury occur?	
17. INFORMANT	the Sir	niles	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place Wash. At-	Date Oct	29 ,19.37	Nature of injury	
10 HADEDTAKED CITY	ewart		24. Was disease or injury In any way related to occupation of deceased?	nes
19. UNDERTAKER 30-5/S	8.288. Was	4.5C.	If so, specify I and Labor (Heart)	V
20. FILED 10-26 , 1937	herea. E	Registrar.	(Signed) Lamson C. Belder (Address) Dalman J. Labelton	M. D.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Proces statement of occupation is very important, so that the relative healthfulness of various pursuits can be frown. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from rusine s, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at he te. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	il	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 3 1937	July 5,1927	Peritonitis	3 days ago
	RUREAU V. S.			
Other contributory	causes of importance:	3	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHISICIAL	. IN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(gr.P)
County Prince Georges	Registration Dist. No. 242
Village or City Capital Heights	No. St., Ward
Length af residance in city ar tawn whera death occurred vrsmas	death occurred in a hospital or institution, give its NAME instead of street and number) ds. Haw lang In U.S. if of faralgn birth? yrs. mos. ds.
2. FULL NAME MARY ELLA MILE	-C
	If U. S. Veteran, specify WAR
(a) Residence: No. / 0.5 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widawed, ar divarced	(Month) (Day) (Year)
(or) WIFE of James R. Miles	22. I HEREBY CERTIFY, Thet I attended decassed from
A market	Curguest 27, 1937, 10 actober 3, 1937
6. DATE OF BIRTH (morty, day, and year)	I last saw her we on autobu 3 , 1937; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the data stated above, at. 2.130 As.m.
69 9 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes af impartance ware as fallows:
8. Trede, profession, or particular kind of work dane, as SPINNER.	Congestive Heart Failure aug 27:190
kind af wark dane, as SPINNER, Jousewell	Hypertensive heart disease
9. Industry or business In which wark was dane, as SILK MILL, SAW MILL, BANK, etc	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
10. Date deceased last warkad at 11. Total tima (years)	
O this occupation (month end spent in this accupation year)	
should ridge.	Other Coutributory Causes of Impartence:
12. BIRTHPLACE (city ar tawn) (Stata or cauntry)	
13. NAME Alyan	
E	
4. BIRTHPLACE (city or town)	Name of operation Data of
	What test confirmed diagnasis? Was there en eulopsy?
I Chil	23. If death was due to extarnal causes (VIOLENCE) fill in alsa the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
O P M P	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) NOT S6/24 Capital Tata Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of lature
Place adar Hell Date Oct. 02 1937.	Manner of Injury
Jacoba Oh. 1. D	Nature of injury.
19. UNDERTAKER / / / / / / / / / / / / / / / / / / /	24. Was disaase or injury In any way ralated to occupation of deceased?
(nuuissa)	If sa, spacify (Signad) William Drawn M. D.
20. FILED 60-6-, 1937 Alne G. Carner Registrar.	(Signal) Mariam (Signal) M. D. (Addrass) Capital Neighto Incl.
Registrar.	(nullass) - Stagenster - Stagen

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting °U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a soman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BAIREASI VI S.	-1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH	1100
1. PLACE OF DEATH O.	131)	40
County Prince Steage	Registration Dist. No. 2	37
Village or City Laurel	No. St.	Ward
P'10	f death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of residence in city optown where deeth occurredmo	sds. How long in U.S. If of foreign birth?yrs,mo	sds.
2. FULL NAME Stongs Maylon M	nulleuf U. S. Veteran, specify WAR	
(a) Residence: No. 374 Main	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEY A 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDO WAD.	21. DATE OF DEATH	
OR DIVORCED (write the yord)	10 27	102 7
made while Married.	(Month) (Day)	(Yeer)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended	leceased from
(or) WIFE of Sertinde B hiller	10-21 1037, to 10-2	
DATE OF BIRTH (month, dey, end year) July 23, 1872	1 lest sew h 2 alive on 10 - 27 1937	
AGE Years Monthy Deys If LESS than	to heve occurred on the dete stated above, at 7/3 Pm.	
65 3 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence	
Trede profession or perticular	were as follows:	Data of onset
kind of work done as SPINNER, By C. Jelegraff SAWYER, BOOKKEEPER, etc	Clas Illerit - 7:	183
9. Industry or business in which work was done, es SILK MILL,	The state of the s	
SAW MILL, BANK, etc.		
10. Date deceseed last worked at this occupetion (month and yeer) 27-24-14-37		
yeer) & C7-22-19-3-1 occupation 4-3-91	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) hear facility	Uning	10-21-
(Stete or country) many land.	acute Cardiae Deletation	
13. NAME Charles Miller.		
14. BIRTHPLACE (city or town) Prince Stronge Co.	Neme of operation Date of	
(Stele of country) Maryland.	Whet test confirmed diegnosis? Wes there an a	utopsy? Lo
15. MAIDEN NAME 10. U. Khodis.	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following	
15. MAIDEN NAME 10. U. Rhodes.	Accident, suicide, or homicide? Dete of injury	, 19
(State or country)	Where did injury occur?	
17. INFORMANT Mas Gertrude B. M. Eller.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
(Address) 37 4 main of Langel, had.	*	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Vie Many tames Date Wr 30 , 193	Neture of injury	
19. UNDERTAKER W. Weeker Creekhang	24. Wes diseese or injury In any wey related to occupation of deceased?	0
(Address) Rockerlle, mlg	If so, specify	
malan my mark	(Signed) O / Lanu	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago 1 week ago
		1915	Attack of epilepsy	
			Run over by street car	
Cerebral hemorrhage	NOV S 190	July 5, 1927	Peritonitis	3 days ago
	1 5.	3		
	MI KEAR			
Other contributory of	auses of importance:		Other contributory causes of importance:	
Gallstones M		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2+ B.P. Warren, Prince Leo. L.

MARGIN RESERVED FOR BINDING

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	item of	plnods	of OCC		
	Every	CIANS	tement	1	
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		The second second
	ENT R	TLY.	ed. E		
	RMAN	XAC	classifi		
	S A PE	tated E	roperly	TION is very important. See instructions on back of certificate.	
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	INK	E shoul	it it ma	on pac	
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)	, WITE	refully	I in pla	tant.	
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of .	TE PL	n shoul	SE OF	is ver	
	WRI	matio	CAUS	TION	
	N. H				

STATE OF MARYLAND	CERTIFICATE OF DEATH	01
1. PLACE OF DEATH	(31)	
County Orince Lewise	Registration Dist. No. 2H5	
Village or City Brent wood	No. 222 - Mighlan & ave St., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
	ds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME Clarence Moss	If U.S. Veteran specify WAR	
(a) Residence: No. 229 Highland ava (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH Jober 9th (Nonth) (Day) (Ye	ear)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mullie J. Moss.	22. I HEREBY CERTIFY, That I attended decease Och. 2 1937 to Och 9 19	d from
6. DATE OF BIRTH (month, day, and yeer) May 201883	I last saw h was alive on Och 8 1937; death	
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 69, 2 m.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	ol onset
8. Trede, profession, or particular kind of work done, as SPINNER, Jouleu SAWYER, BOOKKEPPER, etc.	Chronic nephritis unx	Non
9. Indestry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
11. Total time (years) this occupation (month and year) year) year)		
MA	Other Contributary Causes of importance:	lan.
12. BIRTHPLACE (city or town) (State or county)	Wilmia and Tooms Con	2,3)
13. NAME (LUVEN) // COST		
14. BIRTHPLACE (city or town)	Name of operation Date of	7/
(State or country)	What test confirmed diagnosis? Urvellypig Wes there en autopsy?	16
15. MAIDEN NAME Darret Sharing	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?)
(State or country)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Albert Madress)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMAZIAN OR REMOVAL	Manner of injury	
Place Date Date 13,190	Nature of injury	
19. UNDERTAKER AND STATE OF THE	24. Was disease or injury in any way related to occupation of deceased? No-	
20. FILED S CO 7 1917 Devery Registrar.	(Address) 1321 - T. D. N.W. Mashizton 2	M. D.
	2411 N. Charles Street Baltimore Requesting 7) S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis C	1 year
		1932	

stated EXACTLY. PHYSICIANS should state JRD. Every item of infor-Exact statement of OCCUPA. MLY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be B.-WRITE PL

V. S. No. 1

ż

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	23 (1)
County Gregice Tolorges	Registration Dist. No. 243
Village or City I lenn Nale and	No. Ilena Dale Sandst Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,n	iosds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Careton Motere.	If U. S. Veteran, specify WAR
(a) Residence: No. N. Quebebby St. Had	es Hill Wardrama V
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Clober 19 (War) (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of not married	22. I HEREBY CERTIFY, That I attended deceased from
E DATE OF BIRTH (month day and year) & a & 4 4 4 4 4 1 0 2	3 Plast saw haran alive on Oot 19 the 1937; deeth is said
6. DATE OF BIRTH (month, day, end year) Dept 193, 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
4 1 day,h ormin.	
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, hone	Velmonary reberculoses
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	to advance
work was done, es SILK MILL, SAW MILL, BANK, etc	
The second secon	
2/2001 1- 20	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) W. Claude Wiley Const. (State or country)	OT (S)
	- memorian remorrages 1737
(State of country)	Name of operation. Name o
15. MAIDEN NAME Madalene Ocregg	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Madalene Deriggs 16. BIRTHPLACE (city or town). Wash, De (State or country)	Accident, sulcide, or homicide?Oate of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION: OR REMOVAL	Manner of injury
Plece Wash, DC Oate 10/20, 19 3	
19. UNDERTAKER Ridgely + Scicks	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Oct 20, 19 30 - M, 27. 4. W	(Signed) Daniel Rev Pinneage, M. E
Registrar.	(Address) flens & all Sanatoning

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street, car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE	OF	MARYLAND—CERTIFICATE OF DEATH	
DEATH	0	(41.F)	

1	8	1	4.2	1)
1	1	1	V	3

1.	PLACE OF DEATH	0.		(46-2)	
	County Prince	George	2	Registration Dist. No. 246	
	Village or City Mt Ra	inier		NoSt.,	Ward
	Length of residence in city or town where	e death occurred	Q yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and nuds. How long in U.S. if of foreign birth?yrsmos.	
2.	FULL NAME & CL	ande 9	1.11: 2	Molley If U. S. Veteran, specify WAR	District of
	(a) Residence: No.352713	unless He	ll Rd.	St. Ward.	
		(Usual place		. If nonresident give city or town and St	ate
9 07	PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SE	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	7
5a 11	married, widowed, or divorced	mar	ried	(Month) (Day)	(Year)
04. 11	HUSBAND of Mary E	Elen 7	nother	22. I HEREBY CERTIFY, That t attended da May 6 ,1927, to Oct. 5	ceased from
6. D	ATE OF BIRTH (month, day, and year)	hil 12.1	876	1:	death is said
7. AC		Days	if LESS than	to have occurred on the date stated above, at 1 = P.m.	
	6/ 5	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data ol onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Do. 1.	A		1937
ATIC	Industry or husiness in which	Donne		throw Myount	20 37
OCCUPATION	work wes done, as StLK MILL, SAW MILL, BANK, etc			more mijoradil	1736
0	10. Date deceased last worked at this occupation (month and / Q =	11. Total ti	me (years)		
4	year) Suly	Occi	petion/././/	Other Contributory Causes of importance:	
12. E	State or country)	wille	/		
œ	13. NAME William To	2m	10		
돌 -	5	mry 114	ruey		
FA	(State or country)	Va.		Name of operetion Date of What test confirmed diagnosis? Was there an aut	many Um
ER	15. MAIDEN NAME Roberta	- Oliver		23. If death wes due to external causes (VIOLENCE) fill in also the following:	opsyt-aga-
MOTHER	16. BIRTHPLACE (city or town)	inville		Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country)	Va.		Where did injury occur?(Specify city or town, county and State)	
17. 1	NFORMANT Mary Ell	en m	olley	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
18. B	URIAL, CREMATION, OR REMOVAL	A Hell Ro	mortain	Leg Md.	
	Place It Lincoln	Date Oct.	7, 1937	Manner of injury	
19. U	NDERTAKER W.W. Cha	mbers		Nature of injury24. Was disease or injury in any wey related to occupation of deceased?	io.
	(Address) 9/8 Clarelan	2 che tu	verdale M	Alf so, specify	
20. F		4. Harry M	Ally (Registrar.	(Signed) W/32Mby 42 (Address) 3303 Parry St. Mat. 1	Raiwi
	If mos	re blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	tud

V. S. No. 1

N. B.—WRITE PL.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and-related causes Date of onset			
Date of onset	The principal cause of death and related causes of importance were as follows:	es Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

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Z	-
AKG	

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH should County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS vrs 0 mos. O ds. How long in U.S. If of foreign birth? Length of residence in city or town where death occurred. statement If U.S. Veteran specify WAR ORD. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 193 (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of hattended deceased from That (or) WIFE of EXA certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Davs If LESS than to have occurred on the date stated above 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, CUPATION Jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which work was done, as SILK MILL, should SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) on this occupation (month and occupation ___ that instructions 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation... plain (State or country) carefully What test confirmed diagnosis? A Melahere an autopsy?__N MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following 16. BIRTHPLACE (city or town Accident, suicide, or homicide?____ DEATH (State or country) Where did injury occur?..... should be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE OF (Address) 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of injury CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify Registrar. (Address) ___ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis NOV 5 1934	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Name and the second sec				

WRITE

B

V. S. No. 1

rion is CAUSE mation

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) How iong in U.S. if of foreign birth?... Length of residence in city or town where death occurred. If U. S. Veteran, specify WAR. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) undowed (Month) 5a. If married, widowed, or divorced HUSBANO of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. OATE OF BIRTH (month, day, and year) 7. AGE Years Months if LESS than 1 dey- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. **Oate of onset** 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ CUPATION touce us 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ 10. Date deceased lest worked at 11. Total time (years) this occupation (month and spent in this year) _____ occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town) (State or country) Was there an autopsy?... MOTHER 15. MAIOEN NAME Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?.. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Manner of injury .. Nature of Injury.... 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

ORegistrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 5 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.	E			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				B	

V. S. No. 1

OF MARYLAND—CERTIFICATE OF DEATH	111
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210:00
County VAnne Season	Registration Dist. No. 2 7 2
Village or City seal Blesson	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foraign birth?yrsmosds.
2. FULL NAME Munrol Pumphses	If U. S. Veteran, specify WAR
(a) Residence: No. Washington, D. P.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) School of the word)	21. DATE OF DEATH Oct. (Day) (Year)
5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of agnes Bell Russelley	22. ! HEREBY CERTIFY, That lattended deceased from
6. DATE OF BIRTH (mouth, day, and year) July 13/ 1967	I test saw h elive on , 19 ; daath Is seld
7. AGE Years Months / Days If LESS than	to have occurred on the data stated above, at . 3
30 3 4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Machanian SAWYER, BOOKKEEPER, etc	Internal mymissuch
kind of work done, as SPINNER, Mechanical SAWYER, BOOKKEEPER, etc	in an autospiolity
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	aserbant
11. Total time (years) this occupation (month and spent in this	
yaar) occupation occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town)	
E 150 : F. 0	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emily Owens	23. If daath was due to external causes (VIOL ENCE)-fill in also the following:
15. MAIDEN NAME Enry Owers 16. BIRTHPLACE (city or town) Bustof	Accident, sulcida, or homicide? Date of Injury 1.0-17,1907.
S (State or country)	Whera dld injury occur? (Specify city or town, county and State)
17. INFORMANT Mary Vuryalucy William (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Walkers Chaple Date D120 1937	Manner of Injury Car And Manner of Injury Satural Of no autopage
19 UNDERTAKER T. A. Markey	24. Was disease or injury in any way related to occupation of decaased?
(Addrass) Falesville Hard	If so, specify Oseas T. Poore acting Corone
20. FILED LO/17 -, 1937 Sere a. Bonner' Registrar.	(Signed) M. D. (Address) Together M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of of importance were as f	Date of onset	
Arteriosclerosis	1 1 2 2 2 2	1915	Attack of epilepsy		1 week ago
Chronic interstitiat nephritis		1921	Run over by street car		1 week ago
Cerebral hemorrhage	No. 20 12 13 22 13 22 13 22 13 22 13 22 13 22 13 22 13 22 13 22 13 22 13 22 13 22 13 22 13 22 13 22 13 22 13 2	July 5,1927	Peritonitis	N .	3 days ago
	BUREAU V. S.			S	
Other contributory ca	auses of importance:		Other contributory caus	of importance:	
Gallstones		May 1,1923	Gastroenteritis	H 1	1 year
				183	
	ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY	PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Trust Prorge	Registration Dist. No. 2145
Village of City Lyansville	No. Sacred Heart Home St. Ward
5 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Millir D. Kemson	
(a) Residence: No. 801 Arm St, Jahoma Part	Ward. Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE F 4. COLOR OR RACE OR DIVORCED (write the word) Manuel Manuel Manuel	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widewed, or divorced	(MURCIT) (Dey)* (Year)
HUSBAND of Cor) WIFE of Elmer E. Remson	22. I HEREBY CERTIFY, That I ettended deceased from
	July 2, 1936, 10 October 20, 1937
6. DATE OF BIRTH (month, dey, and year) May 6, 1870	I last saw h. U. Jelive on October 15, 1937; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the dete steted ebove, at
6/ 3 /4 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Chrouse miss cardities 3 yr.
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this occupation cocupation cocupation this occupation the cocupation this occupation this occupation the cocupation this occupation this occupation the cocupation this occupation the cocupation that the cocupa	
11 2.42	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Springfield (State or country)	artirioschosis 10 yrs
ml all Colonia	
I O O O O O O O O O O O O O O O O O O O	7
4 14. BIRTHPLACE (city or town) Massice (State or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Sevens Blanchard	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19
land Country)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred by INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Sladys 6. Johnstone	Specify whether injury occurred in MDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 107 Madison St. M. M. 18. BURIAL, CREMATION, OR REMOVAL	
Place Gedar Afill Gem. Date Oct. 22 1937.	Manner of injury
Pur ser do	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER La Kamura Ob	la contraction of the contractio
19. UNDERTAKER / of Chambers Ob., (Address) 9/8 Glereland are., Giverdale, Md.	(Signed) Oscar Lavint 25 D. S. Clarimon D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
940				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
lander of the second				

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
_	

-WRITE PL

N. B.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

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1		-1	U	0
.3	- A	A	~	

1	STATE C	F MARY	YLAND-	CERTIFICATE OF DEATH	11100
1. PLACE OF	DEATH			108	
County	rince Ger	rge Dale		No. Hem Dale Sant	m'Str Ward
Length of reside	ence in city or town where d	leath occurred	yrsO_mos	death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of death occurred in the	f street and number)ds.
(a) Residence	e: No. 4601	(Usual place o	u Ave	Y. E., Ward. Washing for If nonresident eve city of	or town and State
PERSONA	L AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF D	EATH
male.	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day	, 193
5a. If married, widowed HUSBAND of (or) WIFE of	l, or divorced			22. I HEREBY CERTIFY, That	I attended deceased from
6. DATE OF BIRTH (m	onth, day, and year) Oc	tober 23,	1936	I last saw h Lon alive on October 26	., 19 ³] ; death is said
7. AGE Years		Days 4	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atA_m. The PRINCIPAL CAUSE OF DEATH and related causes of impo	
8. Trade, professi kind of wo SAWYER, E 9. Industry or bu work wes o SAW MILL, 1D. Date deceased	rk done, as SPINNER, BOOKKEEPER, etc			Obstruction of it brough (Atelectasis of it ling)	Date of onsat Date of onsat June 19
SAW MILL, 1D. Date deceased this occupa year)	tion (month and		me (years) t in this		
12. BIRTHPLACE (city (State or country				Other Contributory Causes of importance:	Oct 19:
13. NAME	1 00 9 11.	rich		Lobar meumoma	Oer 14:
14. BIRTHPLACE ((State or co). C.		Neme of operation What test confirmed diagnosis Bronchoscopy X-Rew	Date ofs there an autopsy? 404
15. MAIDEN NAM	city or town)	C.	<u> </u>	23. If death was due to external ceuses (VIOLENCE) fill in also t Accident, suicide, or homicide? Date of inj	he following:
17. INFORMANT(Address)	isother, 460	1 Beans	Ave N.E.	Where did injury occur?(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or in	nty and State) PUBLIC PLACE.
18. BURIAL, CREMATIC	N, OR REMOVAL	Uast De.	29 ,1957	Manner of injury	
19. UNDERTAKER (Address)	elvan + 3 cm	Bom?	malan.	24. Was disease or injury in eny wey related to occupation of de	ceased?
20. FILED Oct 2	.7 ,19 37	48 Can	Registrar.	(Signed) David Leo I mucan (Address) Allem Dale Sanator	e M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mol,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritopitis Ou	3 days ago
		100 PM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE	OF DEATH	
CATEL	1.			

1. PLACE OF DEATH	(92.78)
County Prince George's	Registration Dist. No. 272
Village or City Zauhau	NoSt.,Ward
10/ (If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Ellen Lainin's Ruevell	If U.S. Veteran specify WAR wadgeerd WV
(a) Residence: No. Januaria de la	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) While When the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Russell	22. HEREBY CERTIFY. Thet I extended deceased from
6. DATE OF BIRTH (month, day, and year) Fel. 94 1859	liast saw her alive on OCT : 9th, 1937; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the data stated above, at D
/8 8 d ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, AND MARKET SAWYER, BOOKKEEPER, etc.	Just ilide ctives of huken
kind of work done, as SPINNER, AND MORE SAWYER, BOOKKEEPER, etc. AND MORE SAWYER, BOOKKEEPER, etc. AND MORE SAWYER, BOOKKEEPER, etc. AND MORE SAW MILL, BANK, etc.	g g g g g g g g g g g g g g g g g g g
SAW MILL, BANK, etc. 11. Total time (years)	Chronic myocordities Cw3R
this occupation (month and spant in this year)	- Disration: over three years.
12. BIRTHPLACE (city or town)	Other Contributory Causes of importances
(State or country)	
13. NAME John A Gould	Herma Juguinal lift.
13. NAME John A Journal 14. BIRTHPLACE (city or town) Efforced	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME Elizabeth Muddy 16. BIRTHPLACE (city or town) Anaruf Canal	23. If death was due to external causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Data of Injury, 19 Where did injury occur?
17. INFORMANT Hilda wiser (Address) Zauhan und	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plecelisting to Natt Oate Oct 13, 1037	Nature of Injury.
19. UNDERTAKER W. W. Chambers (Address) 9/8 Cleveland are Riverdale)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO OCT 1. 193) Mrs. J. W. HOWSER Registrar.	(Signed) And M. D. (Address) Lanka for the M. D.
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were a Arteriosclerosis	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MON 3 1931	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory c	auses of importance:	1000	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

of OCCUPA.

STATE OF MAKTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Trusk Levral	Registration Dist. No. 243
Village or City Llenn Dale To	" Ma I Capita II
	denth occurred in n hospitul or institution, give its NAME instead of street and number)
	/1_ds. How long in U.S. if of foreign birth? Lafe yrsmosds.
2. FULL NAME arita Shelton	
(a) Residence: No. 1242	St. S. E Ward, Washington D. C.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(1.53)
(or) WIFE of Leonal Shelton	22. I HEREBY CERTIFY, That I attended deceased from
A 1	, 1500, to J
6. DATE OF BIRTH (month, day, and year) 0 ct 20, 190	I lest saw h alive on
7. AGE Yeers Months Days If LESS then I day,hrs.	to have occurred on the date stated above, et. S.—.A.m.
30 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER RDOKKEFER etc.	
SAWYER, BDOKKEEPER, etc.	Julinous Juberculous 1932
Work was done, as SILK MILL,	
ID. Date deceased last worked at II. Total time (years)	
O this occupation (month and spent in this occupation occupation	
Odnans	Other Contributary Canses of importance:
12. BIRTHPLACE (city or town) Caralina (State or country) 21. Caralina	
13. NAME Martin Suther T. Pales -	
I TO THE TOTAL PROPERTY OF THE	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Dansy millis	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State of Country)	(Specify city or town, county and State)
17. INFORMANT Decement	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 18, BURIAL, CREMATION OR REMOVAL	
Place Washington N.C. Date Oct 29 1937	Manner of injury
9.10.1000	Neture of injury
19. UNDERTAKER WWW, Chambers Co.	24. Was disease or injury in any way related to occupation of deceased?
(Address) 3/7-1/4 17. 8.8. D.C.	If so, specify
20. FILEOFIA d 7 , 1937 / Rosucers mul	(Signed) Daniel Leo Junicane M. D.
Registrar.	(Address) Alenn Dale Santoum
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1. Sleng Dale, ma

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis NOV 4 1937	3 days ago
		SUREAU V S	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis *	3 days ago	
BORING				
Other contributory causes of importance:		Other contributory causes of importance:	20	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			4	
			Total State	

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-RD. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be See instructions on back of mation should be carefully supplied. TION is very important.

FOR BINDING

MARGIN RESERVED

-WRITE PL

V. S. No. 1 N. B. STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF WARTERING	OEKIN TOXILE OF BEATTI	
1. PLACE OF DEATH	7 46-6	
county Prince Teorge Coun	Registration Dist. No. 2-3/	
Village or City Brentwood maryland	No. 2 10 Pelosla Island are St., Wa death occurred in a hospital or institution, give its NAME instead of street and number) 1.5 ds. How long in U.S. if of foreign birth?	rd
	ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME George Jenry Stewart	If U. S. Veteran, specify WAR	
(a) Residence: No. 2.10 Rd. I. are Branton and (Usual place of abode)	- St., Ward. If nonresident give city or town and State	•••
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warred.	21. DATE OF DEATH General School 13 193 7 (Month) (Day) (Yeer)	
5a. If married, widowed, or divorced HUSBAND of (or) WHE of I da Kelly Stewart (mrs)	22. I HEREBY CERTIFY, That I attended deceased fr Golden 9 1932 to Golden 13 1932	
6. DATE OF BIRTH (month, dey, and year) march 14, 18 92	I lest saw hormalive on G Tlar 12 , 1937; death is s	
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 10:20 A.m.	
45 years. 6 29 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	_
8. Trade, profession, or particular kind of work done, as SPINNER, () 7 (V. 00. 900.	do brance Tastities 3 yes	
SAWYER, BOOKKEEPER, etc. Someton of the seconds of	(Cartineous)	
a. industry or business In which work was done as SILK MILL, (nestern Head School)	Carcina of Stowach Snort	Ze.
10. Date deceased last worked at this occupation (month and spent in this	dura	tion
year) of Table 29-1937 occupation 7-cm	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) bookington .	Hastroenteritz.	
(Stete or country)	Carlatia	
13. NAME Thomas Harry Stewart.	Toporia matestisis (7)	
14. BIRTHPLACE (city or town) Whalington Lag-	Name of operation neve. Dete of	
(State of Country)	Whet test confirmed diegnosis? History & Vilge Ext. Was there an eutopsy?	er.
15. MAIOEN NAME ta moorhead	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:	
15. MAIOEN NAME La morked 16. BIRTHPLACE (city or town) Uaskingto Dec.	Accident, suicide, or homicide?	
- (State of Couliny)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT da Kelly Stewart (Wife) (Address) 210 Rd. I. Ine. Bratish md.	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place 10 16 , 19-3	Neture of Injury	
19. UNDERTAKER POLICE (Address) 1820 - (9th) Ward	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED OCT 13, 1937 Helen Dan Registrar.	(Signed) farold of Whited M (Address) 6 6 Rd I are Branting In	1. D.

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	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
Cereoral nemorrhage			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			a regulation

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	739
County Musce Leo	Registration Dist. No
Whate or English & aurel Mil	NoSt., Ward
Length of rasidance in city or town where deeth occurred yersmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds How long In U.S. if of foreign birth?mosds.
2. FULL NAME John A. Jalanou	alors W.S. Veteran specify WAR
(a) Residence: No. 6/7 Montamentality	Lauralma
(Usual place of aborde)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR BLYORCED (write the wort)	21. DATE OF DEATH / D / Z , 193 7 (Month) (Day) (Yaar)
5a. If marriad, widowed for divorced HUSBAND of (or) WIFE of Wilkelming Tatshare	22. I HEREBY CERTIFY, That I attended dacaasad from 1937 to 1012 1937
6. DATE OF BIRTH (month, day, end yeer) 10-13 30-16 185/8	I last sew here elive on (0 -/ = 193 7; death is seld
7. AGE Years Months Days If LESS than	to heve occurred on the data stated abova, at 7. 30 G.m.
78 10 12 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Machinist SAWYER, BOOKKEEPER, etc.	Our, hiphulis 1938
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	
10. Date decaasad last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Ata mumoria 10-9-3?
(State or country)	
=	No. of continu
14. BIRTHPLACE (city of fown) (State or country)	Name of operation
15. MAIDEN NAME Salome Sunth	23. if deeth wes due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Salome Suuth	Accident, suicide, or homicida? Data of injury, 19
State or couply	Where did injury occur? (Specify city or town, county and State)
17. INFOMMENT OF CHILLING US (Address) Laure IIII	Pecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Talkacapus Med Mensolary Oct 14 (103)	Manner of injury
19. UNDERTAKER HOYS Causes	24. Wes disaase or injury in any way ralated to occupation of daceasad?
(Address) // James // M.	If so, specify
20. FILE A 14 , 1937 m Brugheurs Local Registrar.	(Signed) M. D. (Address) Faund M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 2. 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97
County Prince Gorgs	Registration Dist. No. 242
Village Dr City Land	NoSt.,Ward
(If Langth of residance In city or town whera daath occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME OLGAN B. Taylo	If U.S. Veteran specify WAR.
(a) Residence; No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yodf)
5e. If married, widowed, or divorced HUSBAND of Cor. WHEE of Ellan Thrashor Taylor	22. HEREBY CERTIFY, That i stended deceased from 19.3 450. D. 193. 7
6. DATE OF BIRTH (month, day, end year) Queg 22 - 1855	lest sawn elive on Olf, 1927; daeth is seid
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated abova, at
O or min.	ware as follows:
8. Treds, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, atc.	arter of leveran
kind of work done, as SPINNÉR, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	Se and al
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupetion (month end year)	Dully
12. BIRTHPLACE (city or town)	Dther Coutributery Causes of Importance
(State or country)	My my my
13. NAME aruffice of agelo	P. J. g.
13. NAME Crufts of a 14. BIRTHPLACE (city or town)	Nama of oparation Dete of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME / O / 3 A / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	23. If death wes due to externel causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida? Date of Injury, 19
17. INFORMANTH light sey Taylog hough.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manage of Int.
Place Short Hill Data Qct. 4, 1937	Menner of Injury
19. UNDERTAKER Messos. F. Saschis Sons (Address) F. Da de la la mai	24. Was disease or injury In any way related to occupation of dacaased?
20. FILED Oct 1St, 1937 Mas She Q. House	(Signad) M.D. (Addrass) X A A A A A A A A A A A A A A A A A A
D. L. Registrar.	" (Accessed

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Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

induition in the first for		

TION is very important. See instructions on back of

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>
- county Prince Seo Co.	Registration Dist. No. 239
Village or City James	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds,
h /	
1 da aD	If U. S. Veteran, specify WAR
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
male Colored OR DIVORCED (write the word)	(Month) (Oay) (Yeer)
5a. If married, widowed, or divorced	(Month) (Oay) (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
001-11 1829	Miscarriage 4 montas, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on; death is said
(4111 1 day	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH end releted causes of importence
Still born ormin.	ware as follows: Data of one et
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	manager (Net-15/
9. Industry or business in which	100000000000000000000000000000000000000
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data daceased last worked at this occupation (month and	-
- I shell till till a	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME W M Rese 14. BIRTHPLACE (city or town) - Many land	
14. BIRTHPLACE (city or town) - Mary land (State or country)	Nama of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Edna Shomas 16. BIRTHPLACE (city or town) - many level	23. If death was due to externel causas (VIOLENCE) fill In also the following:
2 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicida?
P = 1 0 7 1 1	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MALLE STATES	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Bacon Chaple Oate Oct 16, 1937	Natura of injury
19, UNDERTAKER Ded slen Helby	24. Was disease or injury in any way related to occupation of deceased?
(Address) (1) / Mile sh - are forme	If so, specify
20, FILED Det 16. 1959 M. Bustieus	(Signed) M.D.
Registrar.	(Address) Lawel 1900

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ophritis 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

		·

OCCUPA-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
ACE OF DEATH	93-2
unty Truck Clarges llage or City Serwy, M. 9	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
) Residence: No. But far (Usual place of abode)	St., Ward. If U. S. Veteran, specify WAR
ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 13 (Dey) (Year)
ried, widowed, or divorced AND of Ella Warie Vau Wabel	22. HEREBY CERTIFY, That I attended deceased from 1937, to Octuber (\$ 1937)
OF BIRTH (month, dey, and yeer) afril 2,1878	I last saw har alive on Alcutty 19 ; death is said
Yeers Months Days if LESS then 1 day,hrs.	to have occurred on the date steted above, et 2:30 A -m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:
rade profession or particular	Date of enset

2. FU 3. SEX 5a. If mar HUSI (10) 6. DATE (7. AGE kind of work done, es SPINNER,
SAWYER, BDOKKEEPER, etc...... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... back Dete deceased lest worked at this occupation (month and instructions on 11. Total time (years) spent In this occupetion _. 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Nama of operation. (Stete or country) œ very important. 15. MAIDEN NAME MOTHER 23. If deeth wes dua to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town). (Stete or country) Where did injury occur?____ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18, BURIAL, CREMATION Manner of injury 12 TION Neture of Injury 24. Wes diseesa or injury in any way related to occupetion of deceased? (1) 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks and heeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

-WRITE

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be N. B.—WRITE PL.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Trince Leonal	Registration Dist. No. 233
Village or City Bradbury Harglette	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Stillbarn) Wall	er. If U. S. Veteran, specify WAR
(a) Residence: No. Kingston Que Bro	Strary Macglity If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (variet the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. II married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That ettended deceased from
B. DATE OF BIRTH (month, day, and year) Oct 15-1937	Hast saw h.ev attended to the said
T. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 45 P.m.
Stillborn 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Card light around Date of onest
	rech 3 wraps.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Babyhadfrobably
10. Date deceased last worked at 11. Total time (years)	Strangled in uter or
this occupation (month and spent in this occupation	miller Kin Canal
12. BIRTHPLACE (city or town) Berning JC 4#	Other Contributory Causes of Importance:
(State or country) Bradbury Heights nide	
13. NAME Thomas Rosmund Walter	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Truce George Co. Mil	What test confirmed diagnosis? Was there an au'opsy? 240
15. MAIDEN NAME Mary Wratell Huber	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Washington	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Hary Clysbell Waller (Address) Benjuly Clysbell Waller	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Bladuber 2 %. Date 10-16-, 19 37	Nature of Injury
19. UNDERTAKER Francis Gasclis Dono. (Address) Anallawelle had	24. Wes disease or injury In any way related to occupation of deceased?
10-15 37 De A Gallin	If so, specify (Signed) Land C Van M. D.
20. FILED Registrar.	(Address Baumma De 104)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must statc:

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 4 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other and that			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

	DEMINISTRATION AND ADDRESS OF THE PROPERTY OF
1. PLACE OF DEATH	210-000
County ON Seo	Registration Dist. No.
Village or City Jamel	NoSt. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residenca In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Gleoge & Weig	el If U. S. Veteran, specify WAR World
(a) Residence: No. VV, J. W. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	A
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Off. 23
m Ju Midowed	(Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of Hallie Sullin	22. I HEREBY CERTIFY, That I attended deceased from
8-1-1001	. De 80 Oct 5 3
6. DATE OF BIRTH (month, day, and year)	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at7:49Am.
5-/ 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER	Fractured Ceruical Dote of onest
SAWYER, BOOKKEEPER, etc. Jarm dabores	All te fral 2 nd 24 4 10/23/21
9. Industry or business in which	Franting & Should
work was dona, es SILK MILL, SAW MILL, BANK, atc	- Colored Colo
10. Data dacaased last worked at this occupation (month end)	
yaar) Occupation	
12. BIRTHPLACE (city or town) balony -	Other Contributory Conses of Importance:
(State or country) Surstandy	Pur hela - 11
13. NAME August Weigel	- annua - 1
4 14. BIRTHPLACE (city or Yown)	Name of operation
(State or country)	Whet test confirmed diagnosis? CXALL Was there an eutopsy? (1)
15. MAIDEN NAME Mallilda Jorentz.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
(State or country), Durmany.	Where dld injury occur? Laurel, 2008
17. INFORMANT borson Weisel	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, of in PUBLIC PLACE.
(Addrass) Dolgeville n. 4.	Bullio hichway
18. BURIAL, OREMATIAN, OR REMOVAL	Menner of injury auto that I auras
Place olgeville My. Date Clest. 38, 1937	the state of the state of the state of
19/ \1 (1X1) B (1 1)	Nature of Injury / Welken July & Brull
19. UNDERTAKETHE M. Sollheller done. (Address) Janese John	24. Was disease or injury in any way related to occupation of daceased?
20. FILED Ch 27,189M Braphyso	(Signad) All Warrey (M. D.
fical Registrar.	(Addrass) Told Williams
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 2 1931	July 5, 1927	Peritonitis	3 days ago
1	and the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			SHOW HERE

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Jas L. Vaceter Coronel

PHYSICIANS should state

OCCUPA-

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Exact statement

mation should be carefully supplied. AGE should be stated EXACTLY.

N. B.-WRITE PL.

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate,

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1119
1. PLACE OF DEATH	0.1	
County Prince Grosge	Registration Dist. No. 2	34
Village or City Laurel	No. Laurel Sanitarium St.	Word
(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
	ds. How long in U.S. If of foreign blrth?yrsn	nosds.
2. FULL NAME Elmw Ells worth Wentword	6	1
(a) Residence: No. 4421 38th St., M.	St., Ward. arlington Va	V
(Usual place of abode)	If nonresident give city or town on	d State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
3. SEX Make 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DINORCED (write tha word)	21. DATE OF DEATH October 27	., 193 7
5a. If married, widowed, or divorced HUSBAND of Transition Front Started		(1001)
HUSBAND OF Frances Fosts	22. I HEREBY CERTIFY. That I attended Sept. 24 1937 to Wet. 27	deceased from
6. DATE OF BIRTH (month, day, and year) Queq. 9, 1860	I last saw h 1 m alive on Oct 27 , 1937	, 19.3.)
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at \$30 Pm.	, death is said
77 2 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
8. Trade profession or particular	wara as follows:	Oate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, School trucks SAWYER, BODKKEEPER, etc. School trucks 9. Industry or business in which	arterio schosis	Huknows
9. Industry or business in which		
SAW MILL, BANK, etc		
AS DIDTIDI A COLOR OF	Other Contributory Causes of Importance:	
(Stata or country) Ma 55	Porncho munoria	3 days
A	4-7	10/24/37
13. NAME JOS Ephus Wisntworth 14. BIRTHPLACE (city or town)	Name of operation	
(State or country) Mass	What test confirmed diagnosis Physical Sympletrical as there an	autanus 240
15. MAIDEN NAME Sarah Pinkham	23. If death was due to external causes (VIOLENCE) fill in also the followin	
15. MAIDEN NAME Sarah Pinkham 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury	
(State or country) Mass.	Where did injury occur?	
17. INFORMANT Story of the Seconds (Address)	(Specify city or town, county and Sta Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ite) LACE.
18. BURIAL, CREMATION, QR REMOVAL	Manner of Injury	
Place Wash; D.C. Date 10 - 28 - , 1937	Nature of injury	
19. UNDERTAKER William Leis Soup (Address 300 - 44" Et. 115"	24. Was disease or injury in any way related to occupation of decaased?	Mo
20. FILED OUT 28, 137 M. Brashears	(Signed) John L. Wellela.	M. D.

Registrar. (Address) Laurel & andarum If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Land, Md.

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5	Example I	11	Example II	
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Arteriosclerosis	NOV 2 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	B	July 5, 1927	Peritonitis	3 days ago
	Annual control of the second o			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 yeor

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	44a
County Truck Slorge	Registration Dist. No. 230
Village or City Tolltonille, and	No. St., Ward
Langth of rasidence in city or town where death occurredyrs,mos.	death occurred in a horpital or iostitution, give its NAME iostead of street and number) 2. ds. How long in U.S. if of foraign blrth?
2. FULL NAME Joyce ann Whalew	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If conresided give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Tenale Ulte Tufart	21. DATE OF DEATH 12, 193 7 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended daceased from 12 th September, 1937, 10 October 12, 1937
6. DATE OF BIRTH (month, day, and year) September 10, 193	I last sow h er aliva on October 11 , 19 37; death is seid
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at 4.30 A.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particutar kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	were as follows: Chicken Port & complications Out otonset
9. Industry or business in which work was dona, as StLK MILL, SAW MILL, BANK, atc.	1 Princhitis aute October
10. Data deceased last workad at this occupation (month and year)	
12. BIRTHPLACE (city or town) Beltsville Mid (Stata or country) Frince Levine Country	Other Coutributory Causes of importanca:
13. NAME Thomas J. Whalew	7.7.4.00.000000000000000000000000000000
14. BIRTHPLACE (city or town) Afyattsville, (State or country)	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MATOEN NAME Jaisy thelps	23. If deeth was due to axternal causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) I dehester, ma (State or country) Baltimore Country	Accidant, sulcide, or homicide? Data of injury, 19
17. INFORMANT Mrs Scusy Whalen (Addrass) Beltsville mid	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place M.T. Carnel Oats Oct. 14, 1937	Menner of injury
19. UNDERTAKED Joseph & Malen (Address) Silva Shrang Route	24. Was disease or injury in any way related to occupation of deceased? tf so, specify
20. FILED Get - 13-, 19 37 Shut Smith	(Signed) M Warren M. D. (Address) Lawel Med

Af more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PL

1. PLACE	OF DEATH		-CERTIFICATE OF DEATH	
County	Prince 9	org	Registration Dist. No. 2	30
Village	or City Belthe	De, Wid	ND. S	t Wa
Length o	rasidence in city or town when	e daath occurredyrs,/_	nosds. How long In U.S. If of foreign blrth?yrs	
2. FULL	NAME Siggy	anne Wha	lew If U. S. Veteran, specify WAR	
(a) Res	idence: No. / Select	(Usual place of abode)	St., Ward.	10
PERS	ONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word	21. DATE OF DEATH	, 193 7
5a. If merried, v HUSBAND (or) WIFE			22. JAMHEREBY CERTIFY, That I att.	(Year)
c DATE OF BU	TH (month day and year)	dent. 10. 1937	L lest saw h 27 alive on 201 / 2 19	7. deeth is s
7. AGE	TH (month, day, end year) Yaars Months	Days If LESS th		; death is :
	/	8 1 day, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	1
8. Trade, p	of work done, as SPINNER, YER, BOOKKEEPER, etc		Chiefen Nox	Date of one
9 Industry	YER, BOOKKEEPER, etc or businass in which was done, as SILK MILL, MILL, BANK, etc			
10. Date de this	ceased last workad at occupation (month and)	I1. Total tima (years) spent in this occupation		
12. BIRTHPLAC	E (city or town) Bell country)	sville, Md.	Other Centribatory Causes of Importance:	9/19/
	Thomas lo.	resk Whalen		
1.	LACE (city or town) 341	fallsville, Wil	Name of operation Date What test confirmed diagnosis? Was the	
15. MAIDEN	NAME Daisy	Phelps	23. If death was due to external causes (VIOLENCE) fill in also the fol	
0 16. BIRTHP	LACE (city or town)	lehester, Ballo Con	Accidant, suicide, or homicide? Date of Injury Whare did injury occur?	, 19
17. INFORMANT (Addras	~ 4 4	whalen	(Specify city or town, county at Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBL	nd State) IC PLACE.
18. BURIAL, CRI	MATION, DR REMOVAL	Dete Oct. 19, 19:	Z Nature of Injury	
I9. UNDERTAKE	R Harvey Pre	vetor	24. Was disease or injury In any way releted to occupation of dacaase	d? 200

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Registrar.

If so, spacify (Signed)

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Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year